

SERFF Tracking Number: RENA-126407693 State: Arkansas  
 Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 44248  
 Company Tracking Number:  
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
 Product Name: RLHICA-DenteMax PPO Filing  
 Project Name/Number: RLHICA-DenteMax PPO Filing/RLHICA-DenteMax PPO Filing

## Filing at a Glance

Company: Renaissance Life & Health Insurance Company of America  
 Product Name: RLHICA-DenteMax PPO Filing SERFF Tr Num: RENA-126407693 State: Arkansas  
 TOI: H10G Group Health - Dental SERFF Status: Closed-Accepted State Tr Num: 44248  
 For Informational Purposes  
 Sub-TOI: H10G.000 Health - Dental Co Tr Num: State Status: Filed-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Authors: Denise Chadwell, Errick Phillips Disposition Date: 12/11/2009  
 Date Submitted: 12/04/2009 Disposition Status: Accepted For Informational Purposes  
 Implementation Date Requested: 01/01/2010 Implementation Date:  
 State Filing Description:

## General Information

Project Name: RLHICA-DenteMax PPO Filing Status of Filing in Domicile: Not Filed  
 Project Number: RLHICA-DenteMax PPO Filing Date Approved in Domicile:  
 Requested Filing Mode: Informational Domicile Status Comments: This type of filing is not required in our domiciliary state of Indiana.  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small and Large  
 Overall Rate Impact: Group Market Type: Employer, Association, Trust, Other  
 Filing Status Changed: 12/11/2009 Explanation for Other Group Market Type: Group and Individual  
 Deemer Date: State Status Changed: 12/11/2009  
 Submitted By: Errick Phillips Created By: Errick Phillips  
 Filing Description: Corresponding Filing Tracking Number:  
 December 4, 2009

Arkansas Insurance Department  
 1200 West Third Street

SERFF Tracking Number: RENA-126407693 State: Arkansas  
Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 44248  
of America  
Company Tracking Number:  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: RLHICA-DenteMax PPO Filing  
Project Name/Number: RLHICA-DenteMax PPO Filing/RLHICA-DenteMax PPO Filing  
Little Rock, AR 72201-1904

Re: Renaissance Life & Health Insurance Company of America (N.A.I.C. No. 61700)  
FEIN# 47-0397286, Group No. 0477  
Healthcare Exchange, Ltd., dba DenteMax  
Notification of Use of Dental PPO Network  
SERFF Tracking Number – RENA-126407693

Dear Sir or Madam:

We are sending this letter and the attached forms to inform your state of our intention to use Healthcare Exchange, Ltd., dba DenteMax as a Dental PPO Network in your state. This network is in addition to any other networks we have previously filed for use in your state, and does not replace or amend any forms on file with your offices. Our intention is to offer this additional network to provide additional savings and provider options to our enrollees in your state, effective January 1st, 2010. Enclosed with this filing you will find the following documents:

1. The signed agreement authorizing our company to utilize the DenteMax network of providers;
2. DenteMax's Credentialing Policy, designed to ensure the highest quality of services possible to our enrollees;
3. The current provider application used by DenteMax to recruit providers to its network;
4. The current provider agreement used by DenteMax in your state;
5. The DenteMax Technical Guide; and
6. Any appropriate transmittal forms and/or filing fees.

Please note that although this filing was submitted under Group, it will also be used for our individual products, but both options could not be selected at the same time.

This network will be used in conjunction with our policies filed and approved in your state.

Should you have any questions or require any additional information, please contact me directly at (517) 347-5352, or by e-mail at [ephillips@renaissancefamily.com](mailto:ephillips@renaissancefamily.com). Thank you for your assistance.

Sincerely,

Erick Phillips  
Regulatory Specialist  
Renaissance Life & Health Insurance Company of America

SERFF Tracking Number: RENA-126407693 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 44248  
of America

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: RLHICA-DenteMax PPO Filing

Project Name/Number: RLHICA-DenteMax PPO Filing/RLHICA-DenteMax PPO Filing

Enclosures

## Company and Contact

### Filing Contact Information

Errick Phillips, Regulatory Specialist ephillips@renaissancefamily.com  
P.O. Box 30381 517-347-5352 [Phone]  
Lansing, MI 48909-7881 517-347-5433 [FAX]

### Filing Company Information

Renaissance Life & Health Insurance Company CoCode: 61700 State of Domicile: Indiana  
of America

P.O. Box 30381 Group Code: 477 Company Type: Life & Health  
Lansing, MI 48909-7881 Group Name: State ID Number:  
(800) 745-7509 ext. [Phone] FEIN Number: 47-0397286

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Renaissance Life & Health Insurance Company of America	\$0.00	12/04/2009	

SERFF Tracking Number: RENA-126407693 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 44248

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: RLHICA-DenteMax PPO Filing

Project Name/Number: RLHICA-DenteMax PPO Filing/RLHICA-DenteMax PPO Filing

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Rosalind Minor Informational Purposes		12/11/2009	12/11/2009

**Filing Notes**

Subject	Note Type	Created By	Created On	Date Submitted
Fees	Note To Reviewer	Errick Phillips	12/04/2009	12/04/2009

State: *Arkansas*

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 44248

*Company Tracking Number:*

*TOI: H10G Group Health - Dental*

*Sub-TOI:* *H10G.000 Health - Dental*

*Product Name:* *RLHICA-DenteMax PPO Filing*

Project Name/Number: *RLHICA-DenteMax PPO Filing/RLHICA-DenteMax PPO Filing*

## Disposition

Disposition Date: 12/11/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RENA-126407693 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 44248

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: RLHICA-DenteMax PPO Filing

Project Name/Number: RLHICA-DenteMax PPO Filing/RLHICA-DenteMax PPO Filing

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Form	Network Access Agreement	Accepted for Informational Purposes	Yes
Form	Credentialing Policy	Accepted for Informational Purposes	Yes
Form	Provider Application	Accepted for Informational Purposes	Yes
Form	Provider Agreement	Accepted for Informational Purposes	Yes
Form	Technical Guide	Accepted for Informational Purposes	Yes

## Note To Reviewer

Errick Phillips on 12/04/2009 01:32 PM

Rosalind Minor

12/11/2009 10:03 AM

## Fees

Hello Ms. Minor,

We were unable to locate a fees requirement for this type of filing.

If a fee is required, please advise and we will submit via EFT.

Thanks,  
Erick Phillips  
Regulatory Specialist  
Renaissance Life and Health Insurance Company of America  
517-347-5352  
EPhillips@RenaissanceFamily.com

SERFF Tracking Number: RENA-126407693 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 44248

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: RLHICA-DenteMax PPO Filing

Project Name/Number: RLHICA-DenteMax PPO Filing/RLHICA-DenteMax PPO Filing

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes 12/11/2009	NA	Other	Network Access Agreement	Initial			DenteMax RHC Agreement - As Filed.pdf
Accepted for Information al Purposes 12/11/2009	NA	Other	Credentialing Policy	Initial			DenteMax Credentialing Policy v7 4-7-09.pdf
Accepted for Information al Purposes 12/11/2009	NA	Other	Provider Application	Initial			Provider Application - Full.pdf
Accepted for Information al Purposes 12/11/2009	NA	Other	Provider Agreement	Initial			ProviderServiceAgreement.pdf
Accepted for Information al Purposes 12/11/2009	NA	Other	Technical Guide	Initial			DenteMax_Technical_Guide_2008.pdf



*NETWORK ACCESS AGREEMENT*  
*BY AND BETWEEN*  
*HEALTH CARE EXCHANGE, LTD.*  
*dba, DENTEMAX*  
*AND*  
*RENAISSANCE HOLDING COMPANY*

*September 1, 2009*

## **AGREEMENT**

This Agreement is entered into by Health Care Exchange, Ltd. dba DenteMax (hereinafter referred to as "DenteMax") and Renaissance Holding Company; its subsidiaries and successors (hereinafter referred to as "Company") (hereafter DenteMax and Company may be collectively referred to as the "Parties").

DenteMax provides a Preferred Provider Network known as the DenteMax<sup>®</sup> network of dentists.

Company wishes to utilize the network for their individual Customer and group Customers' use (collectively referred to as "Customer(s)").

Therefore, DenteMax and Company mutually agree to the provisions and covenants as follows:

### **I. DUTIES AND OBLIGATIONS OF DENTEMAX**

- 1.1 DenteMax has established and will maintain a network of dentists to provide services to Company's Members.
- 1.2 DenteMax will make available to Company through standard means as outlined in the DenteMax Technical Guide (Attachment C) a current list of dentists participating in the network and updates containing changes to the network. Company has the ability to access the dentist listing and updates at-will through the DenteMax Administrator Portal as outlined in the Technical Guide. Company will access and load updated provider listings to their system at least once per month, with a recommendation that new updates are loaded twice per month, after the first and fifteenth of each month.
- 1.3 DenteMax will provide Company with the DenteMax Fee Schedules paid to participating dentists. The Fee Schedules shall be updated annually and dental fees may be increased starting January 1 of each year. Company will be informed of fee increases approximately 60 days prior to the effective date.
- 1.4 DenteMax will uphold and enforce the terms and conditions as set forth in the DenteMax Credentialing Policy and Procedure Document, revised 2009 (Attachment B), with respect to network providers utilized by Company.

### **II. DUTIES AND OBLIGATIONS OF COMPANY**

- 2.1 Company acknowledges that it is authorized to contract for DenteMax's services on behalf of its Customer(s).
- 2.2 Company agrees to notify DenteMax of new Customers by providing contractholder enrollment counts prior to their effective date.
- 2.3 Company agrees to have full responsibility confirming benefits and eligibility, when appropriate to both Customers and dentists as needed, and to include its toll free number on Customer ID cards.
- 2.4 When applicable, Company agrees to utilize its best and timely efforts in the receipt and processing of claims, and of requesting funding for eligible claims, and of the release of payment for eligible claims once received from the applicable health plans by Company.
- 2.5 Company agrees to provide access so Customers may obtain information of any changes to the

network including additions and deletions of dentists and notify patients of the advantages of using network providers.

- 2.6 Company agrees to download or accept, and promptly implement, all DenteMax Network Updates and Fee Schedule changes. Annual Fee Schedule Updates will be loaded within 60 days of receipt but not later than their effective date.
- 2.7 DenteMax and/or its agent shall have the right, with forty eight (48) hours written notice to Company, and at a time mutually convenient for the parties during normal business hours to audit the books and records of Company that pertain to business specific to the utilization of the DenteMax network and to conduct such investigation only as necessary to verify the fees payable to DenteMax for any period during the term of this Agreement.
- 2.8 Company agrees that it will utilize the DenteMax network for self insured dental plans, fully insured dental plans, third party administrator activity, and preferred provider organization purposes, where DenteMax is the primary dental network utilized and offered. Company agrees that it will not resell, lease, sublease or in any other fashion offer the DenteMax network or services for a profit or otherwise to a non-affiliated entity, without prior written approval from DenteMax. Company acknowledges the importance of DenteMax wishing to maintain control over its network and agrees it will not utilize the DenteMax network for any other purpose than above stated outside of Renaissance Holding Company, its subsidiaries and successor organizations.

### **III. FEES, PAYMENTS & SERVICES REQUESTED**

- 3.1 Network access fees (Attachment A) to be charged to the Company will be per Contract per month, and are the responsibility of the Company. Network access fees will be based on the total number of eligible Contracts who have access to the network. For the purpose of this Agreement, a "Contract" is defined as an individual contract holder or employee who receives dental benefits or access to the DenteMax network under the terms of a contract or policy with Company. For the purposes of calculating network access fees for this Agreement, a "Contract" does not include dependents and/or family members also covered under the contract or policy.
- 3.2 Company shall pay all network access fees within thirty (30) days of receipt of an invoice by DenteMax or be subject to an accrued interest rate of one and one half percent (1.5%) per month of late unpaid balances. Company agrees to pay all fees based on the actual number of Contracts enrolled in its plans for the applicable month regardless of the invoiced amount presented by DenteMax. In the event there remains a dispute with regard to the invoiced amount, this provision shall be unenforceable with regard to the assessment and collection of interest for the amount in dispute.
- 3.3 The parties agree and acknowledge the DenteMax network access fees may not be adjusted for the initial term of this Agreement unless agreed to in writing by both parties.

### **IV. PROPRIETARY RIGHTS**

- 4.1 The parties to this agreement are and will remain independent contractors of each other.

- 4.2 Company and its group(s) acknowledge DenteMax is the exclusive owner of the network.
- 4.3 Customer(s) of the Company shall use the DenteMax network solely for the purposes of this Agreement. Upon termination of this Agreement, Company, its Customer(s), its Members, employees, subsidiaries or agents may not continue to use the DenteMax network or parts thereof as prescribed in this Agreement. This does not preclude Company and/or its group(s) from using other organized independent dental networks, which may happen to contain any or all providers in the DenteMax network.
- 4.4 Each party to this Agreement agrees to keep information obtained from the other party confidential and not use or share such information for any purpose other than for the mutual benefit of Company and/or its Customer(s) and DenteMax. Neither party will (except to the extent expressly authorized by this Agreement) disclose Confidential Information of the other party to anyone outside of Company or DenteMax, nor will either party copy or reproduce any Confidential Information of the other party unless expressly authorized to do so by such party in writing. Each party will disclose Confidential Information of the other party only to its employees who have a need to know the Confidential Information in order to accomplish the purpose of this Agreement and who (i) have been informed of the confidential and proprietary nature of the Confidential Information, and (ii) have agreed not to disclose it to others. In order to preserve and protect the confidential or proprietary nature of any Confidential Information and to prevent it from falling into the public domain or into the possession of persons not bound to maintain its confidentiality, each party will handle the Confidential Information of the other party with the same degree of care that it applies with respect to its own information that it considers as confidential and proprietary, but in no event with less than reasonable care.
- 4.5 DenteMax acknowledges that it is aware of the relationship between Company and [REDACTED]. DenteMax agrees and acknowledges that it, its employees, agents, or representatives are strictly prohibited from referencing or disclosing it has a contractual relationship with [REDACTED] or its affiliated entity. Disclosure or reference to [REDACTED] in the media or any other format is strictly prohibited and DenteMax further agrees that any unauthorized disclosure or use of Confidential Information would cause Company and/or [REDACTED] immediate and irreparable injury or loss that cannot be adequately compensated with money damages. Accordingly, if DenteMax fails to comply with this Section 4.5, Customer will be entitled to specific performance including immediate issuance of a temporary restraining order or preliminary injunction enforcing this Agreement, and to judgment for damages (including reasonable attorneys' fees) caused by the breach, and to any other remedies provided by Law.
- 4.6 Subject to DenteMax's prior review and written approval in each case, DenteMax hereby grants to the Company the right to use such names, logos, or trade names as DenteMax may designate from time to time in connection with the Company's marketing and promotional activities (e.g. ID cards, information materials provided by Company to Members, advertising, website information, etc.).

## V. TERMS AND TERMINATION

- 5.1 This Agreement shall become effective on September 1, 2009 and shall continue for an initial term of twenty-four (24) months unless terminated, modified or amended according to the terms contained herein. Thereafter, the term of this Agreement will automatically extend for successive twelve (12) month terms, unless earlier terminated.
- 5.2 Notwithstanding anything contained in this Agreement to the contrary, either party may terminate this Agreement at any time: (i) without cause upon one hundred eighty (180) days' prior written

notice; and (ii) with cause if the breaching party receives prior written notice of breach and fails to cure such breach within thirty (30) days of the receipt of notice.

- 5.3 Company is responsible for promptly informing its Customer(s) of a termination by either party.

## VI. GENERAL PROVISIONS

- 6.1 Assignment. Either party hereunder shall not assign this Agreement or any rights without prior written consent of the other.

- 6.2 Independent Contractor. Nothing contained herein shall be construed to create the relationship of employer/employee, partner, joint venture or principal/agent between the parties hereto. Company shall be and remain an independent contractor, solely responsible for its Customer(s), its employees and agents.

- 6.3 Disclaimer of Liability. Notwithstanding anything contained herein that may be construed to the contrary, neither DenteMax nor Company shall be liable and/or responsible for:

A. The diagnosis, treatment, and/or manner of providing health care services by any network provider; including any claim or cause of action for malpractice against any network provider arising out of the provision of health care services pursuant to this contract. PROVIDED HOWEVER, NOTHING CONTAINED HEREIN SHALL BE CONSTRUED TO CONSTITUTE AN ACKNOWLEDGEMENT, TACITLY OR OTHERWISE, THAT COMPANY MAY BE LIABLE FOR THE MEDICAL MALPRACTICE OF ANY PROVIDER.

B. Any misrepresentation or failure to disclose information by Company nor any damage or loss caused or suffered as a result of such misrepresentation or failure to disclose information.

C. Any payments, co-payments, and/or other monies related to any claim for Covered Services; nor the pursuit of any other third party to recover same.

D. Any monies paid by Company to any network provider which monies Company subsequently seeks to recover; provided however, that DenteMax shall assign to Company any rights it may have against such network provider.

- 6.4 Indemnification. Each party hereby indemnifies and holds harmless the other party including their officers, directors and shareholders from all liability, loss, claims, actions, causes of action, suits and/or proceedings of any kind and/or nature whatsoever arising out of or related to negligent acts of the indemnifying party in the performance of this Agreement. This indemnification shall include, but not be limited to, all costs, expenses and damages, of any nature whatsoever, including but not limited to, the actual attorney fees of counsel to the other party, incurred in any manner whatsoever related to any such claim, action, cause of action, suit and/or proceeding.

In addition, Company hereby indemnifies and holds harmless DenteMax its officers, directors and shareholders from all liability, loss, claims, actions, causes of action, suits and/or proceedings of any kind and/or nature whatsoever arising out of or related or incident to: (1) the failure of Company to pay any network provider pursuant to any claim for Covered Services; and (2) any attempt by Company to recover any monies paid to any network provider pursuant to a previously submitted claim for Covered Services. This indemnification shall include but not be limited to, all costs, expenses and damages, of any nature whatsoever, including but not limited to, the actual

attorney fees of counsel to DenteMax, incurred in any manner whatsoever related to any such claim, action, cause of action, suit and/or proceeding.

- 6.5 Amendment. Neither party may amend this Agreement without the written consent of the other.
- 6.6 Notices. All notices required or contemplated under this Agreement shall be in writing and shall be sent by U.S. Mail, postage prepaid, addressed to the other party at the address stated below or the last known address on the file, whichever is updated and correct:

If to DenteMax:

Attn: Melissa Wagner  
Vice President, Sales and Marketing  
DenteMax  
25925 Telegraph Rd., Suite 400  
Southfield, MI 48033

If to Renaissance Holding Company:

Attn: John-Michael Hyden, Esq  
Legal Counsel and Director of Administration  
Renaissance Holding Company  
4100 Okemos Road  
Okemos, Michigan 48864  
(517) 381-4508  
Fax: (517) 381-4562

With a copy to:

Attn: Tonya Draughon  
Director of Business and Product Development  
Renaissance Holding Company  
12555 Orange Drive, Suite 214  
Davie, Florida 33334  
(954) 430-6300  
Fax: (954) 252-3961

- 6.7 Separability. Each provision of this Agreement shall be considered separable and, if for any reason any provision shall be deemed invalid, void, unenforceable or contrary to any existing or future law, such invalidity shall not impair the operation of or affect those provisions of this Agreement, which are valid.
- 6.8 Arbitration. Except as otherwise provided herein, any controversy or claim arising out of or relating to this Agreement, or breach hereof, shall be settled by arbitration in accordance with the commercial arbitration rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction. The cost involved in any arbitration proceeding shall be borne equally by both parties. Each party bears its own attorney's fees. The parties agree the arbitration will be held in Lansing, Michigan. The terms of this provision shall survive the expiration or termination of this Agreement.
- 6.9 Confidential Information. Each party shall retain in confidence and require its employees, agents and contractors, to retain in confidence the terms and conditions of this Agreement, and all information and know-how, regardless of form, transmitted to such party that the disclosing party has identified as being proprietary and/or confidential or which, by the nature of the circumstances surrounding the disclosure, ought in good faith be treated as proprietary and/or confidential ("Confidential Information"). The receiving party shall retain Confidential Information in as secure a manner as reasonably possible, but in no event less secure than the



manner receiving party retains its own Confidential Information. Confidential Information shall remain the sole property of the disclosing party and shall not be disclosed to any third party without the express written consent of the disclosing party (except, solely for the receiving party's internal business needs, to consultants who are bound by a written agreement with the receiving party to maintain the confidentiality of such Confidential Information in a manner consistent with this Agreement). Confidential Information shall not include any information that (1) is at the time of disclosure, or subsequently, publicly available without the receiving party's breach of any obligations owed the disclosing party; (2) becomes known to the receiving party prior to the disclosing party's disclosure of such information to the receiving party; (3) becomes known to the receiving party from a source other than the disclosing party other than by the breach of an obligation of confidentiality owed to the disclosing party; (4) is independently developed by the receiving party; or (5) is produced in compliance with applicable law or a court order, provided the other party is given reasonable notice of such law or order and an opportunity to attempt to preclude or limit such production. The terms and conditions of this Agreement are confidential, and neither party shall disclose the terms or any specific provisions of this Agreement.

- 6.8 Entire Agreement. This Agreement, including the Attachments and current DenteMax Fee Schedule, sets forth all the representations, promises, agreements and understanding between the parties hereto. This Agreement may be executed in several counterparts, each of which shall be deemed to be an original copy of all, which together shall constitute one agreement binding on all parties hereto.
- 6.9 Governing Law. This Agreement shall be governed by and construed in accordance with laws of the State of Michigan.
- 6.10 Practice of Dentistry. It is expressly understood that neither DenteMax nor Company is a provider of dental care services. Neither party shall be held liable for the acts, omissions, representations or other conduct of any such provider of dental care services, and such providers will be solely and exclusively responsible for the quality and level of frequency of dental services provided. DenteMax shall establish criteria and shall select providers to participate in the DenteMax network. DenteMax agrees that the Company is not involved in and has no responsibility for selection of credentialing of DenteMax network dentists or for the negotiation of any alternative payment arrangements.
- 6.11 Multiple Copies. This Agreement may be executed in multiple copies, each of which will be deemed an original and all of which taken together shall constitute one original, and may be executed in counterparts as if the parties have signed a single instrument.
- 6.12 Modification of Waiver. No modifications or waiver of any provision of this Agreement or any right or duty hereunder will be effective for any purpose unless in writing, and signed by the party against whom such modification or waiver is sought to be enforced. The waiver of any breach of any provision of this Agreement will not be construed to be a waiver of any succeeding breach of the same or any other provision of this Agreement.

*Signature Page To Follow.*

#### **EXECUTION OF AGREEMENT**

Renaissance Holding Company  
4100 Okemos Road  
Okemos, Michigan 48864

BY:

TITLE:

DATE:

[Signature]  
Secretary  
10/19/09

Health Care Exchange/DenteMax  
25925 Telegraph Rd., Ste. 400  
Southfield, Michigan 48033

BY:

TITLE:

DATE:

[Signature]  
VP Sales Mktg  
10/7/09



ATTACHMENT A

Network Access Fees

 per member per month

**ATTACHMENT B**

**DENTEMAX CREDENTIALING POLICY AND PROCEDURES DOCUMENT**

**(DenteMax to provide)**

**ATTACHMENT C**  
**DENTEMAX TECHNICAL GUIDE**

**(DenteMax to provide)**



**Policy Number:** CR-01  
**Policy Owner:** Credentialing  
**Effective Date:** September 1, 2007  
**Replaces Issue of:** None  
**Next Review Date:** January 1, 2010  
**Policy Approver:** V.P. Product  
Development & Provider Relations

## **CREDENTIALING POLICY & PROCEDURES**

### **AREAS IMPACTED:**

Departments	Products	Function
All DenteMax departments	All	All DenteMax policy function

### **SUMMARY**

Credentialing of network providers, and the offices used by these providers to service DenteMax members, is a critical business process for DenteMax.

Credentialing, and the use of primary sources to verify credentials, ensures that all dentists admitted to our provider panel have been carefully screened and meet or exceed a set of standards designed to ensure DenteMax members receive the highest quality and most appropriate care from our network dentists.

Additionally, DenteMax reviews information submitted by dental offices to ensure the offices have a structure and processes in place to facilitate the delivery of superior dental service.

Therefore, it is the policy of DenteMax to:

- credential each new provider prior to that provider being added to the network; and
- re-credential existing network providers on a routine basis, every three years; and
- engage in ongoing monitoring activities as it relates to licensure of, and sanctions against, existing network providers; and
- ensure that each office used by a network provider to render services to a DenteMax member meets a certain set of requirements and standards prior to be being added to the network.

## **CREDENTIALING COMMITTEE AUTHORITY**

At its meeting on September 13, 1999, DenteMax resolved that:

“The development and implementation of a thorough, objective and fair credentialing process is critical to the growth and continued success of DenteMax.

Therefore, to facilitate the development, implementation and ongoing oversight of the credentialing process, the creation of a Credentialing Committee is hereby authorized.

The Credentialing Committee shall also be responsible for the development, implementation and ongoing oversight of a plan to generate continuous improvement in the service delivered by network providers.

The Credentialing Committee shall determine and document the appropriate policies and procedures required to achieve these goals. The membership of the Committee may be expanded at the discretion of the Committee and should include representation for network providers.

The Committee shall meet at least monthly to review applications received from prospective dentists, review policies and procedures and to ensure that a continuous improvement process is underway.”

At its meeting on August 17, 2007 the DenteMax the Credentialing Committee elected a new Dental Director to chair the Committee.

## **CREDENTIALING COMMITTEE STRUCTURE AND OPERATIONS**

### **Membership**

The DenteMax Credentialing Committee is currently composed of the following members: the Dental Director, the Vice President of Product Development and Provider Relations, the Vice President of Sales and Marketing, the Director of Network Development and Customer Service, the Team Leader of Credentialing, a general practitioner, an oral surgeon and two additional representatives from DenteMax. One member of the committee must be a clinical practicing dentist and at least one member a credentialed member of the DenteMax Network.

The Committee may add additional members at its discretion. A change to the structure of the Committee requires a two-thirds majority vote of the total existing Committee membership.

### **Minutes**

The Team Leader of Credentialing shall be responsible for recording and maintaining the minutes of each meeting. If the Team Leader of Credentialing is not in attendance, the Director of Network Development and Customer Service will fulfill this duty.

## **Dental Director Responsibilities**

The Dental Director or designate is primarily responsible for the clinical oversight of all aspects of the DenteMax network and will be involved in all facets of operations which would benefit from a dentist's professional expertise.

The Dental Director has the following responsibilities:

- Chair the Credentialing Committee;
- Guide the Committee in the development and implementation of credentialing standards;
- Review all files;
- Make the final determination, utilizing Committee input when necessary and appropriate, to deny a provider membership in the network or to terminate a provider from the network for issues involving licensure or where a dentist's professional judgment is required;
- Communicate with current and prospective network providers according to the guidelines established in the Credentialing Policy;
- Guide the Committee in the development and implementation of procedures to improve the credentialing process;
- Assist administrative partners in determining whether a particular procedure is dentally necessary;
- Work with administrative partners to develop a process to report and act on quality deficiencies in the care delivered by network providers, and evaluate processes to aggregate data in a meaningful manner.

The Dental Director must meet the following minimum requirements:

- Be a licensed dentist;
- Be a certified consultant through the American Association of Dental Consultants;
- Have practiced dentistry for 7 years; and
- Have five years experience in administration of dental plans

## **Meeting Frequency**

The Credentialing Committee shall meet no less than monthly, and more often if necessary at its discretion. A quorum shall consist of at least three members provided a DenteMax employee and the dentist are two of the three.

## **Delegation**

The Committee may choose to delegate primary source verification (PSV) and ongoing monitoring functions to accredited or qualified organizations. In the event that the Committee does delegate certain functions, it will develop an appropriate mechanism to ensure oversight of the delegated functions. Currently, the Committee has chosen to delegate PSV to an NCQA and URAC certified organization. The CVO is required to provide evidence of NCQA and/or URAC certification, per the recertification cycle of NCQA and/or URAC, by providing a copy of the certification letter to DenteMax.

DenteMax will conduct an annual review of the organization at the location where the CVO performs verification services for DenteMax. Additionally, at minimum, quarterly reviews will be conducted by phone to review the current program and identify opportunities for improvement.

## **PROVIDER CREDENTIALING GUIDELINES**

### **Scope – Providers Credentialed and Re-credentialed**

The Credentialing Committee shall limit the scope of its activities to all dentists and medical doctors of oral surgery and must be licensed to practice dentistry. The Committee may make credentialing decisions on whether any individual in the classes outlined above may be admitted to or terminated from the network regardless of that provider's specialty.

The Committee is responsible for identifying any potential conflicts of interest which may exist as they relate to a decision being made by the Committee.

### **Confidentiality**

At all times and in respect to all of its dealings, the Credentialing Committee will act with due regard for the confidentiality of the information it is entrusted with. The Committee will take appropriate steps to ensure that access to confidential information is limited to the minimum number of individuals necessary to carry out its functions, and that such individuals are appropriately notified of the confidential nature of the information. The Committee will not discuss its deliberations with individuals outside of the Committee except in a summary format which does not identify an individual provider. Each committee member is required to sign a confidentiality agreement. This confidentiality agreement is included as Exhibit D.

### **Non Discrimination**

The Committee will not discriminate against any applicant based on race, color, creed, religious affiliation, marital status, sexual orientation, disability status, the types of procedures that practitioner performs, the patients that practitioner services, or any practitioner who is acting within the scope of his or her license or certification under state law, solely on the basis of the license or certification, or any other basis other than the material facts contained in the provider application and subsequent information obtained. These factors are considered immaterial to the ability of a provider to meet the requirements for participation in the provider panel. Additionally, each committee member is required to sign a confidentiality agreement which includes a non discriminatory provision.

### **Participating Provider Requirements**

DenteMax providers must meet the following requirements to be admitted to the provider panel:

- 1) possess an active, current, valid license in the state(s) where the provider will render services to DenteMax members;

- 2) be a graduate of an accredited dental school;
- 3) obtain and maintain appropriate malpractice coverage as required by the state(s) in which the provider is licensed to practice but never to be less than:
  - a. \$100,000 per person/\$300,000 per occurrence for general dentists and all specialists except
  - b. Oral surgeons who must maintain minimum coverage of \$1,000,000 per person/\$3,000,000 per occurrence;
- 4) maintain an active, current, valid controlled substance certificate (DEA certificate is recommended but not required for board certified or board eligible orthodontists and pedodontists since controlled substances are rarely required in the treatment of children);

DenteMax providers must meet the following requirements to remain in the provider panel:

- 1) possess an active, current, valid license in the state(s) where the provider will render services to DenteMax members;
- 2) maintain an active, current, valid controlled substance certificate (DEA certificate is recommended but not required for board certified or board eligible orthodontists and pedodontists since controlled substances are rarely required in the treatment of children);
- 3) maintain appropriate malpractice coverage as required by the state(s) in which the provider is licensed to practice but never to be less than:
  - a. \$100,000 per person/\$300,000 per occurrence for general dentists and all specialists except
  - b. Oral surgeons who must maintain minimum coverage of \$1,000,000 per person/\$3,000,000 per occurrence;

### **Participating Office Requirements**

DenteMax participating office locations must meet the following requirements to be admitted to the DenteMax network:

- 1) Accessibility
  - a. Office must be accessible for patients with disabilities
  - b. Collectively the locations associated to a participating tax identification number must be open a minimum of twenty hours per week
- 2) Compliance with OSHA standards
  - a. Office must meet OSHA guidelines for hazardous material disposal, including sharps
  - b. Office must meet all state and local requirements for safety and health
- 3) Compliance with required sterilization techniques and barriers
  - a. Office must perform sterilization of all instruments and hand pieces
  - b. Instruments must be sterilized using either cold, autoclave, chemiclave or dry heat
  - c. Hand pieces must be sterilized using an autoclave, bleeding line or surface wipe



- 4) Provision for emergency care
  - a. Office must make some provision for after hours emergency patient care
  - b. Minimum requirements is an answering machine which directs patients on how to obtain emergency care
  - c. Preferred method is an answering service or machine which contacts the dentist
- 5) An organized patient charting and recall system
  - a. Office must have an organized patient charting system
  - b. Charting system should meet the requirements of the DPAS v.1
  - c. Office must have a patient recall system in place to encourage patients to return for appropriate care. Exception may be made if the office only performs endodontics or oral surgery and indicates that because of the nature of their practice recalling patients is not required
- 6) Properly functioning dental equipment, including x-ray units, developing capability and lead aprons with cervical collars
  - a. Office must have equipment suitable for the treatments they perform
  - b. Office must have x-ray units, developing capability and lead aprons with cervical collars
- 7) Prepared for in-office emergency
  - a. Office must be prepared to handle a medical emergency in the office
  - b. Office must have a medical emergency kit in the office
  - c. Office should have resuscitation equipment or portable oxygen with positive pressure
- 8) Office must have at least one person in the office with appropriate CPR training
- 9) Must attest to meeting all stated office standards

### **Decision Making, Review of Files and Notification**

The provider's ability to meet the above stated requirements, coupled with a review of any additional information found during the verification of the provider's information, will determine whether that provider is admitted to the panel.

The Dental Director has the responsibility to review all files, and subsequently, using his/her professional judgment as a provider, determine what files need to be brought to Committee for review.

The Dental Director, on behalf of the Committee, will:

Immediately approve all CATEGORY 1 files. CATEGORY 1 files are defined as files for providers who met all requirements noted and who had no stated or found incidents or differing information from that provided and that found during verification.

Approve all CATEGORY 2 files. CATEGORY 2 files are defined as anything not considered CLEAN but not meeting the parameters of CATEGORY 3 files noted below.

Bring to Committee any provider files which are considered to be CATEGORY 3. A CATEGORY 3 file is defined as a file which meets any one of the following conditions:

- The file contains more than 3 lawsuits in the previous 10 years and/or;
- The file contains an indictment or conviction of a crime and/or;
- The file contains an individual malpractice suit with an award of \$200,000 or greater and/or;
- The file contains any incident of license revocation or suspension within the last 5 years.

The decisions of the Dental Director and the Committee shall be recorded. Decisions for approval or continued participation will simply be noted as approved. Decisions which resulted in disapproval or termination will be noted with a reason for decision.

Applicants who are approved for inclusion in the network will be notified via a confirmation letter. Applicants who are denied inclusion in the network, based on information collected during the credentialing or re-credentialing process, will be notified by certified letter and shall have the right to appeal. This notification will include a reason for denial.

Providers will be notified of credentialing or re-credentialing decisions within 60 calendar days from the date of receipt of a completed application and all supporting documents. An exception to notification will be made for approvals based on re-credentialing. Providers are either approved or disapproved. DenteMax does not suspend or grant provisional status to providers.

At all times, the Dental Director and the Committee shall follow the guidelines established for making the decision on whether to accept or deny a provider application based on the information obtained as part of the credentialing process.

### **Contents of Credential Files**

- a. Initial Application along with all credentialing documentation
- b. Provider Service Agreement (PSA)
- c. Agreement Executed Signature Page
- d. Re-Appointment/Re-Credentialing Application along with all credentialing documentation

### **Access to Credentialing Files**

- a. The files are considered confidential and proprietary. Files reviewed by the committee or the dental director are kept secure in locking file cabinets.
- b. All Dentemax staff having access to the provider files understands and have agreed to the confidentiality policy.
- c. A provider has the right to review his/her own provider file including all information submitted in support of their credentialing applications.
- d. All information obtained and exchanged throughout the credentialing and re-credentialing processes are confidential in nature and will be used for the sole purpose of performing credentialing.
- e. All provider credentialing information/files are kept or retained by Dentemax for at least seven (7) years.

**Verification**

Completed Dentist Applications and Professional Questions and Attestation forms are submitted to a DenteMax approved credentials verification organization (CVO). With assistance from the CVO, DenteMax will verify that the following factors are present, using NCQA and/or URAC approved sources:

A current valid license to practice is present and within the prescribed time limits	License will be verified in the primary state and in states where a provider will practice, from the state board by use of the state board website or other appropriate means
A valid DEA/CDS certificate if applicable and within the prescribed time limits	NTIS will be used to confirm registration. In instances where a registration has been recently renewed and NTIS is not up to date, a copy of the certificate from the practitioner will be accepted. DEA will be accepted in those states which have CDS registration
Education and training including board certification if the practitioner states on the application the he/she is board certified	Verification for board certification will be done when the provider declares it using the specialty board as the source  Dental school graduation will be verified from either the dental school, the ADA or the state licensing authority
Work history	Primary source verification not required; obtain a minimum of 5 years of relevant work history through the practitioner's application or curriculum vitae
A history of professional liability claims that resulted in settlements or judgments paid by or on behalf of the provider	Provider declaration with supporting documentation if the provider declares history
Malpractice coverage	Declaration from the provider will be accepted but must include carrier, policy term and expiration date, and coverage amounts; a copy of the face sheet is also considered acceptable
Hospital privileges	Declaration from the practitioner will be accepted but must include a statement of all past and present issues regarding the loss of clinical privileges

No time sensitive factors, with regard to the information being reviewed, will be more than 180 calendar days old at the time the credentialing decision is made.

Additionally, DenteMax, with assistance from the CVO, will verify, using NCQA and/or URAC approved sources, whether any sanction activity in the following areas exist which may impact a provider's ability to provide safe and appropriate care to enrollees:

State sanctions, restrictions on licensure or limitations on scope of practice	State boards
Medicare or Medicaid sanctions	OIG website/GSA

## **PROVIDER RIGHTS**

### **Provider Access to Information**

The practitioner is notified of the following rights on the Dentist Application:

- The right to review information obtained by DenteMax in support of this credentialing application subject to applicable laws and excluding any peer review information;
- The right to correct erroneous information;
- The right to request the status of their application.

### **Right to Review**

The provider will have the right to review information obtained by DenteMax in support of his/her credentialing application, subject to applicable laws and excluding any peer review protected information. A statement regarding this right is contained on the Dentist Information Sheet which is given to each provider who wishes to join the DenteMax provider panel.

Should the CVO find that any information obtained during the credentialing or re-credentialing process varies substantially from the information submitted by the provider, the CVO will notify DenteMax immediately. DenteMax will in turn immediately notify the provider of the variance, and will offer the provider the opportunity to correct erroneous information. The notification will be sent by certified mail.

The provider will have the right to correct erroneous information obtained during the credentialing or re-credentialing process. The provider must respond, in writing, to the Team Leader of Credentialing within 30 days of receipt of the certified mail. The provider must explain the discrepancy, may correct any erroneous information, and may provide any proof that is available. The Team Leader of Credentialing will request the CVO re-verify the information in dispute. If the source information has changed, the new information will be added to the provider's file immediately and the provider will be notified in writing of the change. If the primary source verification remains inconsistent, the Team Leader of Credentialing will again notify the provider in writing. It will be up to the provider to then submit to DenteMax proof, from the primary source body, that the correction has been made. If such documentation is provided, DenteMax will re-verify the primary source information.

## **Application Status**

Prospective providers have the right to request the status of their application at any time. This request may be made by contacting the Team Leader of Credentialing verbally or in writing. Status is defined as one of the following: (a) primary source verification, meaning the application information is currently being verified or (b) pending review, meaning the verification of information is completed but the file has not yet been reviewed by the Dental Director and/or the Committee.

## **Ensuring Accurate Listings**

DenteMax makes available the following provider information to enrollees:

- Provider name
- Office location information
- Specialty designation

DenteMax enters the specialty designation declared by the provider into the DenteMax provider database. This information is held in a pending status until the provider has been approved by the Committee. The CVO is responsible for notifying the DenteMax Team Leader of Credentialing if the provider's declared specialty conflicts with information found during verification. If this is the case, the process for handling information that varies substantially will be followed. The provider record in the database will remain in a pending status until the discrepancy is resolved. As long as a provider record is in pending status, the record information is unavailable to be published to a file for use in enrollee materials.

## **INITIAL CREDENTIALING – PROSPECTIVE PROVIDERS**

### **Overview**

A prospective provider is defined as any dentist, or medical doctor board certified in oral surgery, who wishes to join the DenteMax provider panel. A prospective provider, and the office location(s) at which he or she will render services to DenteMax members, must meet a set of requirements to be considered for inclusion in the DenteMax network. In addition to meeting the minimum set of requirements, the prospective provider must also complete the requirements of the DenteMax contracting process.

### **Prospective Provider and Office Application**

Providers wishing to join the DenteMax provider panel must complete the Dentist Information Sheet (Exhibit A) and Professional Questions and Attestation form (Exhibit B).

Offices locations wishing to join the DenteMax network must complete the Office Information Sheet for every location (Exhibit C).

The Dentist Information Sheet contains a notification to the provider that he/she has the right to review information collected by DenteMax or its CVO to support the credentialing application. This request must be made in writing to DenteMax. Upon receipt of the request, DenteMax will respond to the provider, in writing, within 5 business days.

### **Credentialing Process**

The following steps describe the process of credentialing at DenteMax:

- 1) Prospective provider returns a completed Dentist Information Sheet and Professional Questions and Attestation form to DenteMax
- 2) DenteMax forwards the completed forms to its designated CVO
- 3) CVO verifies information declared by the provider and notes any discrepancies
- 4) CVO returns completed files to DenteMax
- 5) Dental Director reviews files and:
  - a. Approves
  - b. Takes to Committee
    - i. Committee approves
    - ii. Committee denies
- 6) DenteMax notifies provider of credentialing decision

## RE-CREDENTIALING – CURRENT PROVIDERS

### Overview

A current provider is defined as any dentist, or medical doctor board certified in oral surgery, who has been previously approved to participate in the DenteMax provider panel, and who, at the time of re-credentialing to occur, is still a member of the DenteMax provider panel. Providers must continue to meet a set of requirements for inclusion in the provider panel.

### Provider Re-credentialing

Providers will be subject to re-credentialing no less than every 36 months. The date for re-credentialing will be based on the month of the last approval by the Committee.

With assistance from the CVO, DenteMax will verify that the following factors are present, using NCQA and/or URAC approved sources:

A current valid license to practice is present and within the prescribed time limits	License will be verified in the primary state and in states where a provider will practice, from the state board by use of the state board website or other appropriate means
A valid DEA/CDS certificate if applicable and within the prescribed time limits	NTIS will be used to confirm registration. In instances where a registration has been recently renewed and NTIS is not up to date, a copy of the certificate from the practitioner will be accepted. DEA will be accepted in those states which have CDS registration
Board certification if the practitioner states on the application the he/she is board certified	Verification for board certification and residency will be done when the provider declares it using the specialty board as the source
A history of professional liability claims that resulted in settlements or judgments paid by or on behalf of the provider	Provider declaration with supporting documentation if the provider declares history
Malpractice coverage	Declaration from the provider will be accepted but must include carrier, policy term and expiration date, and coverage amounts; a copy of the face sheet is also considered acceptable
Hospital privileges	Declaration from the practitioner will be accepted but must include a statement of all past and present issues regarding the loss of clinical privileges



No time sensitive factors, with regard to the information being reviewed, will be more than 180 calendar days old at the time the credentialing decision is made.

Additionally, DenteMax, with assistance from the CVO, will verify, using NCQA and/or URAC approved sources, whether any sanction activity in the following areas exist which may impact a provider's ability to provide safe and appropriate care to enrollees:

State sanctions, restrictions on licensure or limitations on scope of practice	State boards
Medicare or Medicaid sanctions	OIG website/GSA

### **Re-credentialing Process**

The following steps describe the process of re-credentialing at DenteMax:

- 1) DenteMax, or its CVO, will identify providers who are due for re-credentialing
- 2) CVO will mail pre-populated re-credentialing forms (Dentist Information Sheet and Professional Questions and Attestation form) to providers
- 3) If no response is received within 15 days, CVO will mail a second notification to provider
- 4) If no response is received to the second notification within another 15 days, the CVO will mail a third and final notification to the provider
- 5) If no response is received to the final notification within another 15 days, the CVO will go ahead and verify:
  - a. A current valid license to practice is present and within the prescribed time limits
  - b. A valid DEA/CDS certificate if applicable is present and within the prescribed time limits
  - c. That no Medicare or Medicaid sanctions are present
- 6) CVO returns completed files (including those which had provider response and those which did not) to DenteMax
- 7) Dental Director reviews files and:
  - a. Approves
  - b. Takes to Committee
    - i. Committee approves
    - ii. Committee denies
- 8) DenteMax notifies provider only when disapproved

Providers are required by provision of the DenteMax Provider Service agreement, and by attestation on initial credentialing, that professional liability insurance must be maintained and that any changes in coverage or status must be submitted to DenteMax.

If, due to state or federal regulations, the CVO is required to obtain a release to gather specifics of sanction information, the provider will be contacted a fourth time by the CVO. This notification will include a statement that failure to provide this release will result in termination from the network due to the provider's refusal to participate as necessary in the re-credentialing process. The CVO will wait an additional 30 days to receive this release. If no release is obtained, the provider will be terminated effective the last day of that month and a termination letter will be sent via certified mail.

## **ONGOING MONITORING**

Every current provider will be subject to an ongoing monitoring process as long as he/she is a member of the DenteMax provider panel. The ongoing monitoring system is designed to check for sanctions imposed on providers by applicable state or federal authorities.

Sanctions found during the ongoing monitoring process will be reviewed according to the same steps outlined for reviewing credentialing and re-credentialing files.

The DenteMax CVO shall perform ongoing monitoring according the NCQA and/or URAC guidelines and using NCQA and/or URAC approved sources. The scope of review for ongoing monitoring is instances of license sanctions by the state boards of dentistry, review of federal Medicare/Medicaid related sanctions from the list published by the Office of the Inspector General, and review of complaints DenteMax receives about providers in the panel.

On going monitoring reviews are done as each individual source for information makes the information available. The schedules for release of this information vary by state. In instances where there is no set schedule for the publishing of sanction information, the CVO, on DenteMax's behalf, will query every 6 months. Information found will be reviewed within 30 days of its release.

## **PROVIDER APPEALS**

The Committee may decide to deny a provider admission to the panel, or continued participation in the panel, if:

- 1) the provider fails to provide required information
- 2) the provider fails to meet the established requirements for participation

In the event that a provider is denied admission or continued participation by a Committee decision, the provider may appeal the Committee's decision. Appeals regarding terminations made for administrative related reasons are not accepted.

The following provisions are in place to govern provider appeals in these matters:

- The provider must appeal the decision, to the DenteMax Dental Director, in writing within 30 days of receipt of the notice of termination from the panel. All termination notices are sent in writing via certified mail. The 30 day appeal

- The provider must specifically state why he/she is submitting the appeal and must address with specific explanation how he/she intends to address the requirement which he/she failed to meet.
- The provider has the right to review any information used by the Committee to make the decision, unless that information would be otherwise protected by law. Requests for such information must be submitted in writing to the DenteMax Dental Director. DenteMax will provide such information within 30 days of receipt of the request.
- The Dental Director will review the written appeal and will respond to the appeal, in writing within 30 days of receipt. The Dental Director will seek the opinion of the Committee, and then may reverse the decision, uphold the decision or request further information from the provider.
- If a decision is made to accept the appeal, this decision must be made within 180 days of the provider's signature on the Dentist Information Sheet or the provider must resubmit a new Dentist Information Sheet and Professional Questions and Attestation form.

**All Prior Review Dates:** March 2006  
March 2007  
August 2008  
September 2008  
March 2009

---

Policy Owner

---

Date

---

Policy Approval

---

Date



## Dentist Application and Credentialing Information

Credentials verification services provided by:  
Aperture / Ingenix\*

DenteMax Use Only
PLSID
TLID

### PLEASE COMPLETE ALL ITEMS TO AVOID HAVING THE APPLICATION RETURNED

You may submit, and DenteMax will accept, any state mandated credentialing form as an alternative to this form.

#### Please provide the following information:

- ☐ Current Professional Liability Face Sheet
- ☐ Current State License Number: \_\_\_\_\_ State: \_\_\_\_\_
- ☐ Other Current State License Number: \_\_\_\_\_ State: \_\_\_\_\_
- ☐ CDS Certificate Number: \_\_\_\_\_ State: \_\_\_\_\_
- ☐ DEA Certificate Number: \_\_\_\_\_ State: \_\_\_\_\_

#### MICHIGAN ONLY

--	--	--	--	--	--	--	--

Group BCBSM Pin #

--	--	--	--	--	--	--	--

Individual BCBSM Pin #

Name: \_\_\_\_\_ ☐ DDS ☐ DMD ☐ MD  
First Middle Last

Is there any other name(s) under which you have been known? \_\_\_\_\_ ☐ Male ☐ Female

--	--	--	--	--	--	--	--

National Provider Identifier

--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--

Date of Birth Required (MM/DD/YYYY)

Specialty: ☐ General Practice ☐ Endodontist ☐ Oral Surgery ☐ Orthodontist ☐ Pediatric Dentist ☐ Periodontist ☐ Prosthodontist

Primary Office Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) - ( ) -  
Email Address (will be kept confidential) \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_  
Name City State Zip Code

Education: \_\_\_\_\_  
Dental School Name City State Zip Code

Start Date: \_\_\_\_\_ / \_\_\_\_\_ Completion Date: \_\_\_\_\_ / \_\_\_\_\_ Degree Awarded: \_\_\_\_\_  
Month Year Month Year

Specialty Training: \_\_\_\_\_  
Institution Name City State Zip Code

Start Date: \_\_\_\_\_ / \_\_\_\_\_ Completion Date: \_\_\_\_\_ / \_\_\_\_\_ Did you successfully complete the program? ☐ Yes ☐ No  
Month Year Month Year

Board Certified: ☐ Yes ☐ No Certifying Board: \_\_\_\_\_

Work History: List all employment for the past 5 years or provide a resume/curriculum vitae. To facilitate the credentialing process, please fill in the month and year. All gaps greater than 6 months are required to be explained on a separate sheet.

Practice/Employer	City	State	Month / Year	to	Present
Practice/Employer	City	State	Month / Year	to	Month / Year
Practice/Employer	City	State	Month / Year	to	Month / Year

Professional Liability Insurance: \_\_\_\_\_  
Current Insurance Carrier Policy #  
Limits of Coverage: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

## Professional Information

Please check YES or NO for each question.

	YES	NO	N/A
1. Has your license to practice in any jurisdiction ever been denied, restricted, limited, suspended (even if the suspension was stayed) or revoked, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever been reprimanded, disciplined, counseled or been subject to similar action by any state licensing agency with respect to your license to practice?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has your DEA or state controlled substances registration ever been restricted, limited, suspended (even if the suspension was stayed) or revoked, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you currently under any investigation with respect to your DEA or state controlled substances registration?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you ever been denied hospital privileges or have you ever voluntarily or involuntarily had any hospital privileges revoked, suspended (even if the suspension was stayed), reduced or nonrenewed?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have any disciplinary proceedings ever been instituted against you, or are any disciplinary actions now pending with respect to your hospital privileges or your license?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you ever been denied, reprimanded, censured, excluded, suspended (even if the suspension was stayed), debarred or disqualified from participation in Medicare, Medicaid or any other governmental or quasi-governmental health-related program?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Has your professional liability insurance coverage ever been denied, canceled, reduced, limited, not renewed or terminated by action of an insurance company?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have any professional liability suits ever been entered against you, or are there any claims pending?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have any professional liability claims settlements, not involving litigation or arbitration, ever been paid by you or paid on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you ever been convicted of a felony or do you have any charges pending other than minor traffic offenses?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you have a medical/psychiatric condition which in any way may impair or limit your ability to perform the essential job functions with or without reasonable accommodations as delineated by the practice of your specialty or privileges you will be requesting? (Please describe any accommodations required)	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are you currently using illegal drugs or controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>	
14. If you answered yes to the above question, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you to assure that you are not engaging in the illegal use of controlled dangerous substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered yes to any of these questions, please provide an explanation on a separate sheet. An NPDB self queried report(s) is acceptable as supporting documentation if you desire to provide it. Otherwise, documentation of some other form is required to be submitted with your Professional Questions and Attestation.**

## Attestation

In completing and signing this attestation, I:

- attest that the information in this application is complete, accurate, truthful and correct in all respects;
- understand that the submission of false and/or significantly misleading information or the withholding of relevant information is grounds for denial or termination of the contract;
- signify my willingness to appear for interviews in regard to my application;
- authorize DenteMax or its designated representatives to consult with others who have been associated with me and/or who have information bearing on my competence and qualifications;
- consent to DenteMax or its designated representatives' inspection of all records and documents including, but not limited to, otherwise privileged and confidential information maintained by individuals, organizations and governmental entities which may be used to evaluate my professional qualifications and competence to carry out the practice privileges I request, my physical and mental health status, and my professional and ethical qualifications;
- release from liability and promise not to sue DenteMax and its designated representatives for their compilation and verification of my professional credentials;
- release from liability and promise not to sue any individuals, organizations and governmental entities that provide DenteMax or its designated representatives with information – including otherwise privileged and confidential information – concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for panel appointment and practice privileges;
- agree to provide and update the information requested on my initial application and subsequent reapplications and privilege request forms;
- agree to maintain professional liability insurance and to notify DenteMax of any changes in coverage or status and of any changes, restrictions or limitations on my licensure or ability to practice my profession;
- acknowledge that DenteMax or its designated representatives may re-credential my application at anytime without the need to secure my subsequent consent to do so and that I agree to and will co-operate in any re-credentialing process initiated by DenteMax under the same terms and conditions as outlined above.

Applicant Signature

Print Name

Date



800.752.1547

**PLEASE CHECK THE APPROPRIATE BOX:**☐ I am adding a provider☐ I am changing my address☐ I am adding a location☐ I am changing my Tax ID**Dental Office Information Sheet**

DenteMax contracts according to Tax ID Number (TIN). All doctors and locations associated with a participating TIN are considered to participate with DenteMax. Therefore, please complete a Dental Office Information Sheet for EACH location associated to the participating TIN. Please complete a Provider Service Agreement, a Dentist Application and a Professional Questions and Attestation or state mandated credentialing form for EACH doctor associated to the participating TIN.

**Participating Dental Office Information**

Office Name (Legal Name)		Tax ID Used for Claims
Office Name (As it should appear in the Provider Directory if different)		Owner's Name
Street Address	Suite Number	Email Address
City	County	State Zip Code
Telephone Number ( ) -	Fax Number ( ) -	Contact Person at this Location
Contact Person's Title		
Please list all providers at this location. A Provider Service Agreement, Dentist Application and Professional Questions and Attestation must be completed for each provider.		

**Miscellaneous Office Information**

Office Hours (include evenings and weekends):

M:	T:	W:	Th:	F:	Sat:	Sun:
----	----	----	-----	----	------	------

Is your phone answered after hours? ☐ Yes ☐ No If Yes: ☐ Service ☐ Machine

Describe your after hours emergency coverage: \_\_\_\_\_

Is your office bilingual? ☐ Yes ☐ No If Yes, what language? \_\_\_\_\_Is your office accessible to physically disabled? ☐ Yes ☐ NoDoes your office meet OSHA and CDC standards and guidelines? ☐ Yes ☐ NoAre you prepared for a medical emergency? ☐ Yes ☐ NoDo you have a medical emergency kit? ☐ Yes ☐ NoDo you have portable oxygen with positive pressure? ☐ Yes ☐ NoIs someone in your office CPR certified? ☐ Yes ☐ NoDo you have properly functioning office equipment, including X-ray units, developing capability and lead aprons? ☐ Yes ☐ NoDo you have an organized patient charting and recall system? ☐ Yes ☐ NoInstrument sterilization type(s): ☐ Cold ☐ Autoclave ☐ Chemiclave ☐ Dry Heat ☐ NoneHand pieces sterilization type(s): ☐ Autoclave ☐ Bleeding Lines ☐ Surface Wipe ☐ None

I acknowledge that all of the information contained in this application is accurate, complete and truthful to the best of my knowledge. I agree that I will provide written notification to DenteMax of any material change to the above. I understand that I have the right to review and correct any information used in the credentialing process.

Signature

Date

Signed agreements, information sheets and any supporting documentation should be sent or faxed to:

**DenteMax Provider Relations**  
**25925 Telegraph, Suite 400**  
**Southfield, MI 48033**  
**Fax: 248.327.5299**

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).  
**However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								
			+			+		
or								
Employer identification number								
		+						

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
--------------	-------------------------------	--------

## Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.



## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Exempt from backup withholding.** If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

## Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



# DenteMax Provider Service Agreement

This agreement is between DenteMax®, and the Provider, \_\_\_\_\_, a duly licensed dentist, or a recognized entity to provide dental services in the state(s) of \_\_\_\_\_.

DenteMax is the owner and manager of a Preferred Provider Network which gives Participants access to its Providers through various individual and/or group dental plans.

The Provider desires to perform dental services for the Participants of the DenteMax program.

In consideration of the mutual promises contained herein, the parties agree as follows:

## Definitions

**Network** shall mean Preferred Provider Network of dentists who, as Providers, have a contractual relationship with DenteMax to provide dental services under DenteMax established policies.

**Provider** shall be the owner of the tax identification number, or their duly authorized agent, and all other employees and/or independent practitioners of this entity who are licensed to practice dentistry in accordance with current state laws.

**Payor** shall mean an employer, administrator, insurance carrier, fund, individual or other entity who is responsible for the payment of the claim.

**Participant** shall mean persons, who through a dental plan with the Payor or by some other contractual relationship with DenteMax, are eligible to use the Network for dental care.

## I. Responsibilities of Provider

1. Provider agrees to accept the current published DenteMax Fee Schedule, or the provider's usual fee if less, as full consideration for dental services provided to Participants. Provider agrees not to bill patient for the balance between the DenteMax fee and the provider's usual charge, if higher. The Participant may be responsible for plan limitations such as copayments, deductibles, and amounts exceeding the benefit maximums.
2. Provider agrees to treat DenteMax Participants as they would any other patient in their practice.
3. Provider is responsible for determining the eligibility and benefit coverage of the Participant.
4. Provider agrees to adhere to the guidelines established by the Payor for claims review and payment. Provider agrees to cooperate and furnish any material or information requested by the Payor or DenteMax required for claim payment and/or claim review.
5. Provider acknowledges that DenteMax is not liable for any payments due to the Provider including but not limited to the claim Payor or the Participant.
6. Provider agrees to accept and be responsible for his/her own acts or omissions in the professional practice of dentistry as well. Nothing in this agreement shall be interpreted or construed to place any such responsibility for professional acts or omissions on DenteMax.
7. Provider agrees to promptly notify DenteMax in writing of any change in status regarding licensure; insurance coverage or other material facts related to the information provided.

## II. Responsibilities of DenteMax

1. DenteMax shall provide administrative and management duties in the development and maintenance of the Network.
2. DenteMax shall market its program to groups and individuals with the intent of obtaining Participants who may become patients of the Provider.
3. DenteMax is authorized to list information about the Provider in the DenteMax Provider directory, on the DenteMax website or other publications.
4. DenteMax shall have the right to amend this agreement by providing written notice. Failure of the Provider to reasonably object within thirty days of DenteMax sending the same shall constitute its acceptance.
5. DenteMax agrees to accept and be responsible for its own acts or omissions, as well as those of its employees, and nothing in this agreement shall be interpreted or construed to place any such responsibility onto the Provider.

## III. General Provisions

1. This Agreement, the attached information sheets and dentist applications represent the entire agreement between the parties and supersedes all previous agreements, whether written or oral, between DenteMax and Provider.
2. Some states require certain contract provisions which are included by reference and in the attached Exhibit. If there is a conflict between provisions the state law shall take precedence.
3. This Agreement shall be effective when all providers have passed credentialing and are entered into the DenteMax Provider Database. The effective date of these additions shall be the sooner of the 15th day or last day of the month in which the change is made. This Agreement shall remain in effect until terminated by written notice of either party, with or without cause. Provider termination will be effective the final day of the month in which they are received.
4. DenteMax and Provider agree that each party is independent from the other and that the provisions of this agreement do not create an employer/employee, principal/agent, partnership, or joint venture relationship between the parties.
5. All notices, including but not limited to change of address and change of license status shall be submitted in writing and delivered either personally or by U.S. Mail postage prepaid to the address below or any new address supplied by the other party.
6. This Agreement may be assigned only by DenteMax.
7. This Agreement shall be governed by the laws of the State of Michigan.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**DenteMax**  
**25925 Telegraph, Suite 400**  
**Southfield, MI 48033**  
**800.752.1547 • Fax: 248.327.5299**



## TECHNICAL GUIDE

**28588 Northwestern Highway, Suite 450  
Southfield, Michigan 48034  
800-752-1547  
dentemax.com**

# DENTE**MAX** TECHNICAL GUIDE

## **WELCOME!!!**

Welcome to DenteMax, your leading national, seamless dental PPO network! We're glad to have you as a partner and look forward to a long, successful relationship.

Our national network of over 80,000 dentist access points is used by hundreds of insurance companies and third-party administrators for dental benefit programs covering more than five million people. Our contracted dentists have agreed to accept a discounted fixed fee schedule as full payment for services to covered members and dependents.

DenteMax is committed to developing long-term partnerships with our clients and doing everything we can to make your dental business a success. One of the key features of the DenteMax network is the flexibility we give you to tailor our network to meet your unique needs. In the 23 years we've been doing this, we've found there are usually several ways we can help you accomplish a particular goal. Our job is to help you find the best one.

This Technical Guide is organized in sections to make it easy for you to find answers to your questions. If you can't find an answer, please contact us and let us know what we can do to help.

Your dental partner,  
DenteMax

## TABLE OF CONTENTS

<b>WELCOME</b>	<b>2</b>
<b>FEE SCHEDULES</b>	<b>5</b>
How many fee schedules are there	5
Does every provider in the same area have the same schedule	6
How many procedure codes are covered	6
How much is paid for procedures on the DenteMax schedule	6
What about procedures not on the DenteMax Schedule	7
What about alternative benefits	7
How often are fees updated	7
How do I obtain the fees	8
What format are the fees in	8
<b>PROVIDER DATA</b>	<b>9</b>
When do providers become effective	9
When can providers terminate	9
Will every dentist at the location be listed	9
What do I do if the dentist is not listed at the location	10
How are providers listed in the database and the directory	10
Can I find a dentist on the Web	10
Can I link to the DenteMax Web site	11
How do I obtain provider data files	11
What format is the provider data in	11
Can I open the data file in Excel	11
What fields are contained in the provider record	12
Is there a unique identifier?	13
What makes a provider unique; what is a PLSID?	13
What makes a location unique; what is a TLID?	13
Just what is a UPLID	13
Where do the checks go	14
Where do year-end tax statements go	14
<b>PROVIDER UPDATES</b>	<b>15</b>
How do I get provider updates	15
What format is the provider update data in	15
What fields are contained in the provider update record	16
What is a CHANGE	16
Why DELETE then ADD rather than CHANGE	17
When do TLIDs change	17
What are term reason codes and what do they mean	17-18

<b>PPO REPRICING OVERVIEW</b>	<b>19</b>
Overview	19
Member eligibility	19
Provider eligibility	19-20
Service line pricing	21
Provider payment and 1099s	21
Subscriber liability and communication	22

## FEE SCHEDULES

DenteMax contracts dentists by Tax Identification Number (TIN), and every dentist who submits claims under that TIN is considered participating. These contracted dentists have agreed to a discounted fixed fee schedule that varies by location and dental specialty.

DenteMax dentists have agreed to accept the DenteMax fee as payment in full for the procedure performed. The member is responsible for any applicable co-payments, deductibles and amounts exceeding benefit maximums. As part of their contract with us, DenteMax dentists agree not to balance bill the member beyond the DenteMax fee.

DenteMax fees average 20 percent to 40 percent below the 80<sup>th</sup> percentile of submitted charges. The DenteMax dentist will accept the fee even if the procedure is not a covered benefit under your program, increasing the savings to the member and boosting satisfaction with your plan.

### HOW MANY FEE SCHEDULES ARE THERE?

There are currently ten location-specific schedules nationally. The schedule assignment is a single numeric value and is contained in the provider record.

Current possible values for the fee schedules are [0, 1, 2, 3, 4, 5, 6, 7, 8, 9].

Combining the above two criteria yields 70 separate DenteMax fee schedules in use nationally, based on the TIN, location of the provider, and the provider's dental specialty.

Every location in our database is assigned to a fee schedule, and every provider at that location uses the same numerical schedule regardless of specialty (see Provider Data section for further details).

Within each numerical schedule there are seven dental specialties that are covered. Each provider in our database has one specialty associated with it. The Specialty indicator is a two character alpha field. The associated abbreviations are listed in the table below:

DMX	Description
EN	Endodontist
GP	General Dentist
PD	Pedodontist (Pediatric Dentist)
PE	Periodontist
PR	Prosthodontist
OR	Orthodontist
OS	Oral Surgeon

For example, a general dentist in Michigan might use Schedule 1 GP. A general dentist in Ohio might use Schedule 4 GP, while an Endodontist at that same location would use Schedule 4 EN.

Every provider record supplied by DenteMax will contain a Schedule (0-9) and a Specialty. These two data elements must be used for pricing (see PPO Repricing Overview section for further details).

## DOES EVERY PROVIDER IN THE SAME AREA HAVE THE SAME SCHEDULE?

No. DenteMax fee schedules are assigned by TIN and location. The fee schedule value and the provider specialty indicator in each provider record should be used to determine the correct fee schedule for pricing.

Most DenteMax providers in an area will share the same fee schedule. These fee schedules are developed based on a number of factors, including the prevailing fees in a particular area, the number of providers who might participate, and the number of DenteMax patients in the area. For instance, most providers in Michigan are assigned to Schedule 1.

There are, however, offices with a different fee schedule than most others in that area. These “exceptions” result from DenteMax’s aggressive network development efforts and our desire to recruit the right dentists in the right locations for our clients. Our network has grown from just over 10,000 dentist access points to over 80,000 in the past nine years. Sometimes it is necessary to offer a higher reimbursement level to certain providers to offer your members greater dental access, or to attract certain specialists to join the network.

## HOW MANY PROCEDURE CODES ARE COVERED?

The DenteMax network uses the American Dental Association’s Current Dental Terminology 2007 procedure code nomenclature. The DenteMax fee schedules include fixed fees for 322 of the approximately 500 CDT-2007 codes.

These covered codes represent more than 97 percent of procedure codes submitted to most dental administrators. The rest are less frequently used procedures (such as D2410 - Gold Foil) or are primarily medical in nature (D7410 - Excision of Benign Tumor).

## HOW MUCH IS PAID FOR PROCEDURES ON THE DENTEMAX SCHEDULE?

Payment to the dentist should be the lesser of the DenteMax fee or the submitted charge. You need to determine whether the service submitted is covered under the dental plan you are administering, and what applicable deductibles and copayments should be applied to determine the reimbursement amount.

All DenteMax fees are listed in whole dollars with no trailing zeros (e.g., D2160 = \$80).

For example, the dentist submits a \$95 charge for a service and there is 20 percent member copayment:

	<b>As Submitted</b>	<b>As Paid</b>	
Charge Amount	\$95		
Allowed Amount		\$80	DenteMax fee
Paid to Dentist		\$64	80% of \$80 DMX fee
Paid by Member		\$16	Balance up to DenteMax fee for procedure performed

In this example the plan saves \$12 ( $\$95 * 80\% - \$80 * 80\% = \$12$ ) and the member saves \$3 ( $\$95 * 20\% = \$19 - \$16 = \$3$ ).



## WHAT ABOUT PROCEDURES NOT ON THE DENTEMAX SCHEDULE?

The DenteMax fee schedule covers 322 of the most commonly utilized dental procedure codes—more than 97 percent of typical utilization. For those few procedures not on the schedule, dentists may bill their usual and customary fee. These procedures are often not covered under the benefit plan or are primarily cosmetic in nature.

Most DenteMax client partners pay these claims the same way they would pay a non-participating indemnity dentist for these services. They determine whether this is a covered service under their dental benefit plan, and then what the reasonable amount is that they will pay.

## WHAT ABOUT ALTERNATIVE BENEFITS?

The DenteMax network dentist has agreed that the most they will charge the member is the DenteMax fee for the procedure performed. If an administrator's benefit guidelines determine that an alternative benefit should be applied then reimbursement should be calculated on the DenteMax fee for the alternative procedure. The subscriber liability should be based on the DenteMax fee for the procedure actually performed.

For example, a general dentist in Cleveland, Ohio places a crown for a patient who has an 80 percent benefit for restorative services. The administrator determines, based on review of documentation submitted with the claim, that a three-surface amalgam would have been an appropriate treatment and makes payment accordingly. The following is the breakdown of liabilities:

	As Submitted	As Paid	
Charge Amount	\$600		
Allowed Amount		\$540.00	DenteMax fee - D2750 Crown
Paid to Dentist		\$67.20	80% of \$84 fee - D2160 3-Surface Amalgam
Paid by Member		\$472.80	Balance up to DenteMax fee for procedure performed

The subscriber is liable up to the DenteMax fee for the procedure performed; in this case, the crown.

**Note:** It is very important the payment voucher and explanation of benefits properly reflect the subscriber's liability. This issue can lead to significant provider and member dissatisfaction if not communicated properly.

## HOW OFTEN ARE FEES UPDATED?

DenteMax uses the most current version of the ADA's CDT. This procedure code set changes every two years, with the CDT-2007 version effective since January 1, 2007. Changes to the CDT code set often result in new procedure codes being added and some codes being deleted.

The DenteMax fee schedules are updated annually and are effective January 1 of each year. They are effective for one year and do not change during the year. The fee schedule update takes place in the fall and the fees are available to administrators by November 1.

## HOW DO I OBTAIN THE FEES?

DenteMax distributes annual fee schedule updates via email to the designated technical contact for each administrator by November 1. If you do not receive your fee update by November 1, please contact your DenteMax sales or service representative.

Fee schedules are also available for download from the Administrator portion of the DenteMax secure Web portal near the end of the preceding year. You may select a single schedule or all schedules. The download contains all specialties in that schedule.

Complete details on using the DenteMax Web site are contained in our Web Portal Administrator Guide. Questions about using the Web portal or requests for prior year data can be made through your DenteMax sales or service representative.

## WHAT FORMAT ARE THE FEES IN?

Fee schedules downloaded from the Web portal are in a .csv, comma delimited text format. The file contains the following items:

Field	Description
Schedule	One-digit DenteMax schedule code
Specialty	Two-character specialty code
Procedure	CDT-2007 procedure code
Description	Procedure code description
Fee	DenteMax fee in whole dollars with no cents

Fee schedules distributed via email are contained in an Excel spreadsheet. Each schedule contains the information above as well as fees for the previous several years. This allows our client partners to update only those fees which changed if they so choose.

## PROVIDER DATA

DenteMax contracts with network providers based on the TIN used to submit claims. DenteMax considers every provider who submits claims under a participating TIN to be participating:

- All locations that use the TIN must submit a complete, signed Dental Office Information Sheet.
- All providers who submit claims using the TIN must complete and sign a Dentist Application which includes the Professional Questions and Attestation.
- All providers who practice at a participating location must be credentialed by DenteMax and participate in the program. An exception will be made if: (1) the patients are clearly informed that these dentists are not participating in the DenteMax program, and (2) they bill using a separate, non-participating TIN.

### WHEN DO PROVIDERS BECOME EFFECTIVE?

Providers can become network dentists effective on either the 15<sup>th</sup> or last day of each month.

DenteMax will contract with any provider who:

- (1) Accepts the DenteMax fee schedule as payment in full when seeing DenteMax patients
- (2) Meets and continues to meet the credentialing standards detailed in our Credentialing Manual
- (3) Agrees to adhere to the administrative procedures of both DenteMax and its administrative partners (i.e., insurance companies and third-party administrators)

Groups or individuals associated with a particular TIN will not be loaded into the DenteMax Provider Database until all of the known providers and known locations have passed initial credentialing. The contract is complete when all of the required documentation has been received, the contract has been entered into the Provider Database by DenteMax, and all prospective providers have been credentialed.

Once all providers have been approved for participation by the DenteMax Dental Director and/or the Credentialing Committee, they are assigned an effective date in the Provider Database the 15<sup>th</sup> or last day of the month. For example, if all providers have successfully passed review on the 8<sup>th</sup> of the month, their effective date is entered as the 15<sup>th</sup> day of that month.

### WHEN CAN PROVIDERS TERMINATE?

Provider terminations are effective the last day of the month in which they are received. In certain cases, a provider may be terminated on the last day of the month minus one day to allow for reactivation on the last day of the month should a region or schedule change be taking place.

The DenteMax Provider Service Agreement remains in effect unless terminated in writing by either party. Very few providers choose to leave the DenteMax network. The voluntary termination rate is less than 2 percent annually. The majority of terminations are due to a provider's retirement, death or the moving/closing of a practice.

### WILL EVERY DENTIST AT THE LOCATION BE LISTED?

Yes. DenteMax requires that all providers who submit using a contracted TIN be considered participating. The DenteMax provider contract requires the dental office to notify us when new doctors join the office or when doctors leave. DenteMax makes every effort to ensure that the provider listing is as current and accurate as possible.

However, some offices do not notify DenteMax when a doctor joins or leaves the practice. In these cases, we ask our client partners to pay the claim as participating and notify us so that we can begin the credentialing process.

### WHAT DO I DO IF THE DENTIST IS NOT LISTED AT THE LOCATION?

DenteMax contracts by TIN. Every claim submitted under that TIN should be considered participating, even if the specific location or doctor is not listed in the provider file. Contracted providers and locations have an obligation to notify us of any changes, but sometimes they don't. If the TIN is contracted, the claim is participating.

If the provider or location on the claim does not match our provider file we ask that you pay the claim as participating, and report that information to us. Our Provider Relations staff will contact the office and obtain updated information.

### HOW ARE PROVIDERS LISTED IN THE DATABASE AND THE DIRECTORY?

The DenteMax Provider Database and our directory show providers at locations. If a particular provider practices at two locations there will be two entries in the database, Doctor A at Location A and Doctor A at Location B. This provides the best representation of member access to the network, and accurately reflects all of the possible network service locations. We refer to these as Dentist Access Points.

**Note:** DenteMax contracts with many large national practice management organizations. Participation by these organizations is critical to the size of the DenteMax network because each of these organizations employs large numbers of dentists who often practice at a number of locations owned by that group. Oftentimes, a contract with a large group practice provides DenteMax with access to specialists and general practitioners in hard-to-recruit areas. Because it is common for providers at these firms to practice at many of the locations owned by the organization, we are often required by our large groups to list providers at multiple locations.

### CAN I FIND A DENTIST ON THE WEB?

Our Web site is the best place to find a DenteMax dentist. Our data is updated daily, so as soon as we add a provider (or one leaves a practice) the information is available.

To find a dentist log on to our Web site at **dentemax.com** and click on *Find a Dentist*

You can search for a specific dentist by last name, or refine your search based on the city and state, a ZIP Code, the specialty of the provider, an office name or some combination of the above. You can also do a radius search around a particular city or ZIP Code.

You can click on the dentist's name to see more information including his or her address and a map to the location, or click *Next* to keep searching for more dentists.

## CAN I LINK TO THE DENTEMAX WEB SITE?

Many of our administrators link their Customer Service Reps to our Advanced Search page to answer member inquiries about participating providers. You are free to add a link to the DenteMax provider search to your Web site, and your customers can link from their site or from their Intranet.

The URL is <http://www2.dentemax.com/Members/FindADentist.aspx>

DenteMax has also developed an alternative “pop-up” Web page you can link to your Web site. This page contains all of search functionality of the DenteMax Web site and all the most current data, but contains no navigation to the rest of the DenteMax site. Your DenteMax sales and service representative can explain how this might work for you.

## HOW DO I OBTAIN PROVIDER DATA FILES?

Provider files are available for download from the Administrator portion of the DenteMax secure Web portal. Complete details on using the DenteMax Web site are contained in our Web Portal Administrator Guide.

States: You may select a single state or “All.”

Status: You can select “Active” providers which will return only those providers currently active in the DenteMax network. A second choice is “Inactive” which will return only those providers who have a termination date equal to or less than today’s date. You may also select “All” which will return both active and inactive providers.

Date Range: You have the option of specifying a date range for either “Effective Date” or “Termination Date.” For instance, if you wish to obtain all providers who became effective in a particular month you could specify an Effective Date range of 01/01/2008 to 01/31/2008.

Include Extended Field: DenteMax has added additional data elements, including fax number, Type 1 NPI, Type 2 NPI, and termination reason codes, as optional data fields in the download.

## WHAT FORMAT IS THE PROVIDER DATA IN?

The provider files are downloaded in a .csv, comma delimited text format. This common format can be imported into nearly any provider database system, from PC-based to mainframe.

## CAN I OPEN THE DATA FILE IN EXCEL?

The DenteMax provider file exceeds the record limit for Excel and will not open completely. DenteMax has developed a utility, the Large File Opener, which creates multiple Excel sheets from the downloadable provider file for those using MS-Excel version 2003 or older. This utility is available from your DenteMax sales or service representative. Users with MS-Excel 2007 will not require the Large File Opener because of the updated capacity of this new version.

## WHAT FIELDS ARE CONTAINED IN THE PROVIDER RECORD?

The following chart describes fields, field definitions and maximum field lengths for the DenteMax provider record.

Heading	Description	Length
UPLID	Unique Provider Location ID	10
Last	Last Name	25
First	First Name	25
Middle	Middle Name	25
Suffix	Name ( Jr. Sr. etc)	5
Title	Title	25
OfficeName	Office Name	75
Address1	Address 1	50
Address2	Address 2	50
City	City	50
State	State	2
Zip	ZIP Code	9
County	County	75
Phone	Telephone Number	10
TaxType	Tax Filing ID Number Type	3
Tax-ID	Tax ID Number	9
FeeSched	Fee Schedule	1
SpecCode	Specialty Code	2
LicNum	License Number	25
EffDate	Effective Date	12
TermDate	Termination Date	12
SSN	Social Security Number	9
Payee	Name for payment	75
PayeeAdd1	Address for Payment	50
PayeeAdd2	Additional payment address	50
PayeeCity	Payee City	50
PayeeState	Payee State	2
PayeeZip	Payee Zip code	9
PayeeCounty	Payee County	75
PayeePhone	Payee Phone	12
TLID	Tax Location ID	10
PLSID	Provider Location Specialty ID	10

The Extended Fields available through the download include the following:

Type1NPI	Type 1 National Provider ID #	10
Type2NPI	Type 2 National Provider ID #	10
ForceLargeGroup	Large Group Status	5
TermReasonCode	Term Reason Code	2
TermReason	Term Reason Description	25
o_tlid	Old TLID	10

n_tlid	New TLID	10
--------	----------	----

### IS THERE A UNIQUE IDENTIFIER?

The DenteMax provider database has three unique identifiers: each participating provider, each participating location and a provider at a location.

Identifier	Description
PLSID	Provider License Specialty ID (Provider)
TLID	Tax Location ID (Location)
UPLID	Unique Provider Location ID (Provider at Location)

### WHAT MAKES A PROVIDER UNIQUE? WHAT IS A PLSID?

DenteMax assigns each provider a unique identifier called a Provider License Specialty Identifier (PLSID). A PLSID is a unique internal sequential number assigned by the DenteMax database, and there is no inherent logic in the number.

The PLSID represents a doctor who has a particular specialty designation, and a license to practice in a specific state. It essentially represents a “belly button.”

A provider may have more than one PLSID assigned if he/she is licensed in more than one state. DenteMax does not allow a provider to have more than one specialty.

The PLSID associated with a particular provider will not change, with one exception. If we determine the doctor has a different specialty, we will terminate the first PLSID and create a new one. This is a rare circumstance.

### WHAT MAKES A LOCATION UNIQUE? WHAT IS A TLID?

A Tax Location Identifier (TLID) is defined as a participating TIN at a particular physical location. A TLID is a unique internal sequential number assigned by the DenteMax database, and there is no inherent logic in the number.

A participating TIN may be associated with multiple locations, and a single location may have multiple participating TINs associated with it.

Each unique combination of physical address and TIN will be assigned a TLID. It essentially represents “a doorknob.”

There may be multiple occurrences of a TLID in the database if there are multiple providers practicing at that location.

### JUST WHAT IS A UPLID?

A UPLID is a Unique Provider Location ID, and is the one truly unique identifier in the database. There will only be one occurrence of a UPLID in the database. Like the TLID and the PLSID, the UPLID is a sequential number assigned by the DenteMax database which contains no imbedded logic.

Since reimbursement as well as service is determined by the location as well as the provider involved, a UPLID is created for each provider (PLSID) at a particular location (TLID). To continue the analogy, a UPLID is a bellybutton at a doorknob, or an “access point.”

For example, a periodontist practices at two locations in New York City. At each location he has a different general dentist working in that office. There would a total of four UPLIDs assigned for these two locations.

Physical Address	TLID	PLSID	Spec.	UPLID
500 Broadway, New York, NY 10060	1	1	PE	1
500 Broadway, New York, NY 10060	1	5	GP	2
25 Fifth Avenue, New York, NY 10054	2	1	PE	3
25 Fifth Avenue, New York, NY 10054	2	6	GP	4

#### WHERE DO THE CHECKS GO?

Most participating providers have told us to send their checks to the service location. In some cases they would like to have their payments sent to a centralized location for processing. We transmit as part of the provider record payee information for each participating location. These are the *payee* portions of the provider record.

#### WHERE DO YEAR-END TAX STATEMENTS GO?

As part of the provider record we transmit the legal Payee Name associated with the participating TIN. The correct name and number satisfy Internal Revenue Service requirements. All revenue associated with that TIN can be aggregated and the statement sent to one of the listed locations.



## PROVIDER UPDATES

DenteMax continuously updates our Provider Database based on regular communication with network dental offices as well as our client partners.

- New DenteMax providers are effective on the 15<sup>th</sup> or last day of the month following credentialing approval.
- Provider terminations are effective on the last day of the month received.
- Provider edits are input into the system as received.

DenteMax recommends that at a minimum its client partners obtain updates on the first of the month, which will provide all of the adds, edits and deletes for the previous month.

Since DenteMax continues to aggressively expand the network we recommend that administrators also obtain the mid-month new additions on the 16<sup>th</sup> of the month. This helps to ensure that providers added in the middle of the month are paid correctly if they submit claims before the end of the month.

### HOW DO I GET PROVIDER INCREMENTAL UPDATES?

Provider files are available for download from the Administrator portion of the DenteMax secure Web portal. Simply select "TPA Downloads." Complete details on using the DenteMax Web site are contained in our Web Portal Administrator Guide.

States: You may select a single state or up to 20 states at a time. If you wish to obtain more than 20 states it will be necessary to perform two or three downloads.

Date Range: You will need to enter a date range for receiving updates. The valid start date is no more than 90 days before the current date. The valid end date is any date greater than the start date but less than the current date.

Due to the volume of transaction edits, those performed more than 90 days prior are not maintained on the system.

### WHAT FORMAT IS THE PROVIDER INCREMENTAL UPDATE DATA IN?

Provider files are downloaded in a .csv, comma delimited text format. This common format can be imported into nearly any provider database system, from PC-based to mainframe.

### WHAT FIELDS ARE CONTAINED IN THE PROVIDER INCREMENTAL UPDATE RECORD?

All fields in the full provider data file are also contained in the Provider Update file. You also have the option to download the Extended Fields as well.

In addition, the following are the fields, field definitions, and maximum field lengths are also included at the beginning of the record.

Heading	Description	Length
Action	Action taken (Add, Change or Delete)	25
Changed Date	Effective date of the action	10

## WHAT IS A CHANGE?

The DenteMax provider database lists providers (PLSIDs) at locations (TLIDs) resulting in individual UPLIDs. Each TLID is a unique combination of TIN and physical address. The TLID determines the numerical fee schedule value and the PLSID determines the specialty to be used for paying claims.

Anything that changes a TLID or PLSID will result in the old UPLID being **deleted** and a new UPLID being **added**. For example, if the physical location changes, the TIN changes, or the assigned fee schedule changes, the old UPLID will be **deleted** and a new UPLID will be **added**.

Updates to the location information, the payee information or minor changes in provider information will trigger a **change**.

Examples of information that would trigger a **change** rather than a **delete / add** would be changes to the phone number, the second address line, the fax number, the provider's suffix (we find out he's really Junior), the payee address, etc.

The following fields will trigger either **delete** and **add** or a **change**:

<b>Delete and Add</b>
Office Add1
Office Add2
Office City
Office County
Office State
Office IP
Office ZIP4
Practice Location End Date
Provider Specialty
Provider Licensed Specialty Location End Date
<b>Change</b>
Office Name
Phone
Practice NPI (Type II)
Provider NPI (Type I)
Payee Name
Payee Add1
Payee Add2
Payee City
Payee State
Payee ZIP
Payee ZIP4
SSN
Provider First Name
Provider Last Name
Provider Middle Name
Provider Title

## WHY DELETE THEN ADD RATHER THAN CHANGE?

The DenteMax provider database arranges data based on UPLID (a provider at a location). In order to maintain history and to ensure correct payment of claims, we terminate an old UPLID and subsequently add a new one with the updated information. For example, when a provider moves from one address to another, we keep the old address in our database rather than erase it. This allows you to see the provider was at the old address and pay those dates of service as in-network, as well as seeing the new address.

## WHEN DO TLIDS CHANGE?

A TLID is defined as a participating TIN at a particular physical location. A change to the TIN or a physical address change will result in the old TLID being end-dated and new TLID being created.

When a TLID is end-dated and new one created, a new UPLID must be created, since the UPLID is defined as a PLSID at a TLID.

## WHAT ARE TERM REASON CODES AND WHAT DO THEY MEAN?

There are many reasons why a UPLID in the DenteMax provider database may be terminated. In most cases the location and/or the provider is still active in the network. In order to help our client partners understand the implications of a UPLID termination (**delete**) we've added the reason code fields.

Each UPLID record in our database with an end date will have a Term Reason Code and Term Reason description associated with it. These are available in the Extended Fields in the Provider download and the TPA download.

Term Reason Codes with an Expiration Date are no longer assigned, but these values may continue to exist in historical data.

Term reasons may be added or expire on a quarterly basis. The term reason code list as of January 1, 2007 follows:

Reason ID	Reason Description	Expiration Date
1	Voluntary Term - Fees too low	
2	Doctor retired/not practicing, location still active	
3	Voluntary Term - No longer pars with any PPO	
4	Voluntary Term - No reason given	
5	Practice closed (ALL locations) TAX ID inactive	
6	Practice sold (ALL locations) TAX ID inactive	
7	Doctor deceased, location still active	
8	Credentialing Term - Recred - Quality of Care	6/30/2006
9	Credentialing Term - Recred - License/Sanction	
10	Credentialing Term - On Going Monitoring - License/Sanction	

11	Administrative Term - Contract or compliance	
12	Administrative Term - Attempted update - unable to reach	
13	Provider or location info change - UPDATES	3/31/2005
14	Doctor no longer at location, location still active	
15	Doctor failed credentialing	3/31/2005
16	Associated with Owner of Termed TAX ID	3/31/2005
17	Practice still open TAX ID changed - UPDATE	
18	Doctor information change, doctor still active - UPDATE	
19	Location closed, TAX ID still active	
20	Location change, Tax ID still active - UPDATE	
21	Credentialing Term - On Going Monitoring Patient Complaints About Care	6/30/2006
22	Credentialing Term - On Going Monitoring - Quality of Care	6/30/2006
23	Location change, Fee schedule exception - UPDATE	
24	Voluntary Term - Client Partner Related	
25	End of Year Region Change - UPDATE	
26	Credentialing Term - Ongoing Monitoring - Administrator Complaint Care / Treatment	
27	Credentialing Term - Recred - Did not meet participation guidelines other than license or sanction	
28	Voluntary Term - Disagrees with PSA or State Amendments	
29	Administrative Term - Duplicate Provider or Location Information	8/31/2006
30	Administrative Term- Duplicate Provider	
31	Administrative Term- Duplicate Location	
32	Doctor retired/not practicing, location closed	
33	Doctor deceased, location closed	
34	NPI Type 1 Change	
35	NPI Type 2 Change	

# PPO REPRICING OVERVIEW

## OVERVIEW

Re-pricing dental claims using the DenteMax data set involves several steps: member eligibility, provider eligibility, fee schedule determination, service line pricing and determination of subscriber liability.

The following is a high level overview of the logic in one standard implementation of DenteMax data. Each DenteMax client partner is free to adapt the re-pricing process to fit the unique needs of their claims system. There may be multiple approaches to programming which achieve the same outcome and the choice of approach should be based on the client partner's assessment of the costs and benefits for their situation.

## MEMBER ELIGIBILITY

The claims administrator should first determine whether the member is eligible for coverage on the date of service. If the member is not eligible, the claim can be rejected using the administrator's existing policies, and there is no need to continue. The member eligibility function will already exist on the claims system or can be developed based on the administrator's membership database.

## PROVIDER ELIGIBILITY

The next step is to determine whether the provider rendering the service is a PPO participating provider. DenteMax contracts by TIN. All providers submitting claims under that TIN are considered participating whether or not they are individually listed in the provider file. The same holds true for locations; if the TIN is listed as participating but the location is not listed the claim should still be paid as participating.

It may be necessary (or desirable) to create a claim record field for "PPO Provider" with values of "Yes" and "No" or "Par" and "Non-Par."

To determine provider eligibility, DenteMax recommends using three data elements to determine which UPLID record to retrieve for schedule and specialty assignment:

- Tax Identification Number
- Service address ZIP Code
- Rendering provider license number or provider last name (optional)

These data elements can be used to locate participating providers from a Provider Table created from the specifications contained in the DenteMax Technical Guide.

## Search Logic

1. The first search criteria should be TIN. If no match is found on TIN then the provider is not participating with DenteMax (Non-Par) with one exception (see SSN Note below). If the TIN submitted on the claim matches an active TIN for DenteMax, the provider is considered participating even if the address or provider name do not match. Providers are required to update DenteMax with new locations and new associates but in some cases do not.

**Note on SSN:** In some claims systems the initial matching is done on provider name and location. If the provider name and address submitted match the name and address on the DenteMax file but the TIN on the claim does not match then it is possible that the provider is participating. In some cases a provider will register with DenteMax using their Federal TIN yet submit claims using a personal Social Security Number. In these cases DenteMax recommends that the payer suspend the claim and forward a copy to the DenteMax Customer Service Manager for review. It is generally a provider education issue and the claim can be paid as participating or resubmitted by the provider.

2. If a single record matches the TIN, then extract the Schedule and Specialty from the provider file and store it for use in Service Line Pricing. Note that even if the provider name or address does not match but the TIN is active, it is still considered a participating claim.
3. If multiple records match based on TIN, use the ZIP Code to narrow the search. If a single record matches on the TIN and ZIP Code, then extract the Schedule and Specialty from the provider file and store for use in Service Line Pricing. It is crucial that the SCHEDULE and SPECIALTY that is provided in the DenteMax provider files be used for proper claims re-pricing.

**Note on Schedule:** In determining what schedule to use, it is crucial to store that schedule assigned to the particular dental access point in the record and NOT create a lookup table containing three-digit ZIP Codes and a corresponding schedule. As previously indicated, all providers in a single ZIP or ZIP3 area may not be assigned to the same schedule number.

4. If multiple records match based on TIN and ZIP Code use the license number (or provider name) to narrow the search, or display all matching records found for manual selection by the adjudicator.

**Note on License Number:** The provider license number carried on the DenteMax Provider Database and displayed in the records sent to our client partners contains all digits in the official state license number. However, in most states only the last four or five digits are significant with the first several being the same for all dental providers. For example, a Michigan dental license may be 2901016893 on the database but the provider will only list the 16893 on the claim since every dental license begins with 29010. To accurately search it is necessary to right justify and zero fill the value keyed as the license number and compare the rightmost five digits of that entry to the rightmost five digits of the license number field on the Provider Database. DenteMax does not enter any of the alpha characters associated with the license number.

5. If there is a unique match on TIN, ZIP Code and license number then extract the Schedule and Specialty from the provider file and store for use in Service Line Pricing. If there is a match on TIN and ZIP Code but the individual provider cannot be identified using license number (or manual adjudication if desired), then extract the Schedule from the record.
6. If all records matching that TIN and ZIP Code have the same specialty (for example Oral Surgery) then extract that specialty and store for use in Service Line Pricing.
7. If there is no common specialty then default to GP (General Practice) for the Specialty and store for use in Service Line Pricing. If the TIN is participating with DenteMax every claim submitted using that TIN should be considered participating even if the individual provider cannot be identified.

## SERVICE LINE PRICING

At this point the claims system should have determined that the member is eligible for services, whether the provider is "Par" or "Non-Par" and which Schedule and Specialty Fee Schedule to use. The next step

is to determine whether the specific services performed are covered benefits under the plan and what the appropriate reimbursement should be.

The procedure code, date of service and provider charge should be entered for each service line. Each client partner should have in place claim system edits to determine which services are covered, with what frequency and some mechanism to determine whether the member has met applicable deductibles, copayments and benefit maximums.

If the service is a covered benefit under the plan and the member has not exceeded the benefit maximums then the service should be repriced using the applicable fee schedule.

- In general the Allowed Amount" should be equal to the lesser of the dentist's charge or the DenteMax fee for Par providers. The appropriate DenteMax fee should be based on the Schedule and Specialty stored during Provider Eligibility. If there is no DenteMax fee for the procedure the client partner should price the claim as if it were a Non-Par claim.
- The client partner should determine how to calculate the Allowed Amount for a Non-Par provider. If they are using a Fee Schedule Plan, then the Allowed Amount would also be equal to the lesser of the dentist's charge or the DenteMax fee for Non-Par providers. The appropriate DenteMax fee would be determined by looking up the procedure code entered in the fee schedule table identified by the Schedule and Specialty from Provider Eligibility.

Once the Allowed Amount has been determined then applicable copayments and benefit maximums can be calculated based on the member's plan design. For example, if the Allowed Amount for a service was \$100 with a copayment level of 80 percent then the provider payment would be \$80 and the member copayment would be \$20.

## **PROVIDER PAYMENT AND 1099s**

Payment to the provider should be made in a timely fashion either by electronic funds transfer or via paper check. The payment voucher should include a notification to the provider that the claim was paid as DenteMax participating, and adjustments made accordingly.

Payment should be sent to the Payee Name and Payee Address listed in the provider record selected for pricing.

The Payee Name will exactly match the legal name of the entity for the TIN submitted. This is the correct name to use when preparing the 1099 for the group as well.

The Payee address may or may not match the service address, and in fact may be in a different state. This is the location that the group has identified for DenteMax to send the checks.

In creating 1099s Payer should use the Payee Name from the file. This will be the same for every instance of that TIN in the DenteMax file.

There may be multiple Payee Addresses in the file, reflecting the provider's desire to have payments remitted to specific locations. The IRS requirement is that the Payee Name matches exactly but any Payee address can be used for the creation of 1099s. Many payers simply select the first address encountered. The critical portion of the process is correctly reporting the TIN, Payee Name and payment amounts to the IRS.

## SUBSCRIBER LIABILITY AND COMMUNICATION

The appropriate Provider Payment (or payment to subscriber if a Pay Sub claim) would be the sum of the payment amount for each service line based on the above. The Subscriber Liability should be included on the payment voucher and Explanation of Benefits for both Par and Non-Par claims.

The Subscriber Liability for a Par provider claim is the Allowed Amount (lesser of the DenteMax fee or the dentist's charge) minus the Provider Payment.

- A notation should be made on the payment voucher for Par claims that the payment to **the provider (or subscriber) has been adjusted because they are a DenteMax participating provider.**
- A notation should be made on the Explanation of Benefits for Par claims that **the subscriber likely saved money because they used a DenteMax participating provider.**

The Subscriber Liability for a Non-Par provider claim is the dentist's charge minus the Provider Payment.

- A notation should be made on the Explanation of Benefits for Non-Par claims that **the subscriber could have saved money by seeing a DenteMax participating provider.**



SERFF Tracking Number: RENA-126407693 State: Arkansas  
 Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 44248  
 Company Tracking Number:  
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
 Product Name: RLHICA-DenteMax PPO Filing  
 Project Name/Number: RLHICA-DenteMax PPO Filing/RLHICA-DenteMax PPO Filing

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification	Accepted for Informational Purposes	12/11/2009
<b>Bypass Reason:</b>	This is not a Property & Casualty Filing. This filing does not contain any forms that will be issued to consumers.		
<b>Comments:</b>			

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Accepted for Informational Purposes	12/11/2009
<b>Bypass Reason:</b>	This is not a policy filing.		
<b>Comments:</b>			

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Cover Letter	Accepted for Informational Purposes	12/11/2009
<b>Comments:</b>			
<b>Attachment:</b>			
DenteMax PPO Filing Cover Letter 12-4-09.pdf			

December 4, 2009

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**Re: Renaissance Life & Health Insurance Company of America (N.A.I.C. No. 61700)  
FEIN# 47-0397286, Group No. 0477  
Healthcare Exchange, Ltd., dba DenteMax  
Notification of Use of Dental PPO Network  
SERFF Tracking Number – RENA-126407693**

Dear Sir or Madam:

We are sending this letter and the attached forms to inform your state of our intention to use Healthcare Exchange, Ltd., dba DenteMax as a Dental PPO Network in your state. This network is in addition to any other networks we have previously filed for use in your state, and does not replace or amend any forms on file with your offices. Our intention is to offer this additional network to provide additional savings and provider options to our enrollees in your state, effective January 1<sup>st</sup>, 2010. Enclosed with this filing you will find the following documents:

1. The signed agreement authorizing our company to utilize the DenteMax network of providers;
2. DenteMax's Credentialing Policy, designed to ensure the highest quality of services possible to our enrollees;
3. The current provider application used by DenteMax to recruit providers to its network;
4. The current provider agreement used by DenteMax in your state;
5. The DenteMax Technical Guide; and
6. Any appropriate transmittal forms and/or filing fees.

Please note that although this filing was submitted under Group, it will also be used for our individual products, but both options could not be selected at the same time.

This network will be used in conjunction with our policies filed and approved in your state.

Should you have any questions or require any additional information, please contact me directly at (517) 347-5352, or by e-mail at [ephillips@renaissancefamily.com](mailto:ephillips@renaissancefamily.com). Thank you for your assistance.

Sincerely,



Errick Phillips  
Regulatory Specialist  
Renaissance Life & Health Insurance Company of America

Enclosures